

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/423436**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		27				
5		12				
6		67				
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50						
TOTAL IND.	1					
TOTAL DEP.	6					
TOTAL CLAIMS	7					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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